



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
www.hivcommission-la.info

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## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

July 15, 2008

Approved  
1/27/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	PUBLIC (cont.)	HIV EPI AND OAPP STAFF
Jeff Goodman, <i>Co-Chair</i>	Eric Daar	Clark Brown	Jane Price	Juhua Wu
Kathy Watt, <i>Co-Chair</i>	Quentin O'Brien	Jim Chud	Jill Rotenberg	
Mario Chavez		Paul Hebblethwaite		
Douglas Frye		Miki Jackson		COMM STAFF/ CONSULTANTS
Joanne Granai		Anita Le		
Michael Green		Gabriele León		Jane Nachazel
Bradley Land		Rich Mathias		Glenda Pinney
Anna Long		Trip Oldfield		Craig Vincent-Jones

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 7/15/2008
- 2) **Minutes:** Priorities and Planning (P&P) Committee Minutes, 6/3/2008
- 3) **Memorandum:** Comprehensive Care Strategy and Timeline, 7/14/2008
- 4) **Map:** Continuum of Care, 7/15/2008

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:45 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 6/03/2008 P&P Committee Meeting minutes, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no follow-up items.
7. **CO-CHAIRS' REPORT:** Mr. Vincent-Jones noted committees usually cancelled August meetings unless there was pressing business. Barring allocation appeals, he recommended cancelling. If there were appeals, the meeting would need to be changed because the regular time conflicted with the All Grantees Meeting. It was agreed to meet on August 19<sup>th</sup>, but only if needed.
8. **FINANCIAL REPORTS:** Mr. Vincent-Jones said Dave Young could not attend, but would report at the next meeting.
9. **YR 19 PRIORITY- AND ALLOCATION-SETTING:**
  - A. **Directives and Recommendations:**
    - Mr. Vincent-Jones noted that Committee agreed at the last meeting to accept OAPP recommendations to modify Part A/B allocations under its purview in order to achieve sole funding streams for various service categories. In return,

OAPP has agreed to accept Commission recommendations on NCC allocations under its purview. This mutual understanding will be incorporated into the MOU.

- Mr. Goodman, Ms. Watt, and Mr. Land raised the issue of retention in care due to financial impacts of various gaps surfacing in the system, such as the Medicare “donut hole.” Mr. Land felt retention was even more critical since HRSA might consider access “met” if one were considered ineligible. Mr. Goodman noted the impact this year from the Medicare Part D “donut hole” did not become apparent until re-enrollment occurred November 15<sup>th</sup> to December 15<sup>th</sup>, when formularies and payment structures changed dramatically.
- There was discussion on whether to formally recommend the use of NCC funds to address emerging problems. It was decided the Commission process itself addressed that sufficiently since a formal recommendation could unduly emphasize a particular issue.
- ➡ It was agreed that P&P would work with the Joint Public Policy (JPP) Committee and the Consumer Caucus starting in October to gather information and analysis on potential “gaps” in funding.
- ➡ **Recommendation 1:** Funding will support capacity minimally at current levels for those categories shifted to NCC funding to achieve sole source funding or to realign case management services.
- ➡ **Recommendation 2:** As previously discussed, OAPP will bring back the following service categories for review after additional study: Home-Based Hospice, Legal Services, Language Services and Nutrition Services.

10. **2009 COMPREHENSIVE CARE PLAN:**

A. **Continuum of Care:**

- Mr. Vincent-Jones noted the previous diagram was developed in 2001. There has been significant development since then due to better understanding of realities of the current system, Standards of Care development, and initiation of systems planning. It is important to complete the first iteration in time to meet HRSA’s deadline for the Comprehensive Care Plan while preparing the ground for eventual system integration. Once that is done, dialogue can be opened up regarding the interrelationship of prevention in concert with the new Prevention Plan. Ms. Watt noted the import of initiating the long discussed joint Commission/Prevention Planning Committee meetings to discuss issues like using words to mean the same thing. She added that HRSA and the CDC may not automatically be supportive of integrated services
- The new population flow map was developed in the systems planning workshops to reflect the continuum of populations moving from those HIV-, to those at high risk, to PWH/A unaware of their status (estimated at 15,000), people who are aware they are HIV+ but not receiving services (unmet need), people receiving services but not treatment adherent, and finally to those in care and adherent. People in private care are also now represented. The goal is population level change with outcomes of improved health status, better quality of life, and increased self-sufficiency. Work has begun on process and structural indicators.
- A complementary map reflects overlapping scopes of services: prevention, community support (like housing and other poverty/social status-focused services that complement HIV care but are not specifically for PWH/A), social services (with an inner core of HRSA-defined support services), and primary health care (with an inner core of HRSA-defined core medical services). Eventually all service categories will be clustered with according to purpose. Identified clusters are residential and barriers at overlap of community support and support services, counseling within support services, coordination and access at overlap of support and core medical services, and primary health and medical within core medical services.
- The next work group meetings would be July 31<sup>st</sup> at 9:30 am and August 15<sup>th</sup> at 2:00 pm. Members are Dr. Frye, Mr. Goodman, Ms. Granai, Dr. Long, Ms. Pinney, Ms. Sanchez, Mr. Vincent-Jones, Ms. Watt, and Ms. Wu. There was a discussion of consumer membership, but it was noted that the overall representation was strong and consumers always welcome although racial/ethnic diversity could always be improved on committees and various groups.
- ➡ It was agreed that meeting information was available, but more consumer encouragement would be helpful, e.g., at the Consumer Caucus. Mr. Vincent-Jones also agreed to review the diversity balance of consumers on committees as it had not been done since several Commissioners had left.
- ➡ It was agreed to make the following changes to the scopes of services: “psychosocial” to “social support” to be less limiting, “supportive services” to “support services,” and deletion of the inner circle for the “community support”.
- ➡ There was consensus to accept the map with the understanding that indicators were still being developed.

B. **Comprehensive Care Plan:** The timeline was accepted by the Commission in July. There was no additional discussion.

C. **Comprehensive Planning Training:** It was agreed to defer this subject.

11. **DATA SUMMIT PLANNING:** There was no report.

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12. **SERVICE PROVIDER NETWORKS:** The item was postponed.

13. **GEOGRAPHIC ESTIMATE OF NEED:** The item was postponed.

14. **OTHER STREAMS OF FUNDING:** The item was postponed.

15. **STANDING SUBCOMMITTEES:** There were no reports.

16. **COMMITTEE WORK PLAN UPDATE:** The item was postponed.

17. **NEXT STEPS:** The item was postponed.

18. **ANNOUNCEMENTS:**

- Mr. Goodman reported that the federal appeals court had issued a stay of the Medi-Cal cuts as of July 11<sup>th</sup>. The suit would now be returned to the lower court for review.
- ➡ Mr. Chud said a physical therapy provider had told him that Congress removed the Medicare exception code on the physical therapy cap for those with certain catastrophic illnesses and injuries. If true, they would then be subject to the cap as others are. Mr. Vincent-Jones said he would check on it for him.

19. **ADJOURNMENT:** The meeting was adjourned at 3:15 pm.